

STATE: MINNESOTA
Effective: July 1, 1997
TN: 97-21
Approved: 12-8-97
Supersedes: 97-05

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23. Certified pediatric or family nurse practitioner services.

Certified pediatric or family nurse practitioner services are paid using the same methodology as item 6.d.E., Nurse practitioner services.

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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

See items 24.a. through 24.f.

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24.a. Transportation.

Payment for **life support transportation** is the lower of:

- (1) submitted charge; or
- (2) 50th percentile of Medicare prevailing charge for 1982, plus a 10.725% increase over the base rate.

Effective July 1, 1999 this rate is increased 5%.

If the provider transports two or more persons simultaneously in one vehicle, the payment is prorated according to the schedule for special transportation services, below. Payment for ancillary services provided to a recipient during life support transportation must be based on the type of ancillary service and is not subject to proration.

Payment for **special transportation** must be the lowest of:

- (1) submitted charge; or
- (2) medical assistance maximum allowable charge, which is \$15.00 base rate and \$1.20 per mile.

If the provider transports two or more persons simultaneously in one vehicle from the same point of origin, the payment must be prorated according to the following schedule:

<u>NUMBER OF RIDERS</u>	<u>PERCENT OF ALLOWED BASE RATE PER PERSON IN VEHICLE</u>	<u>PERCENT OF ALLOWED MILEAGE RATE</u>
1	100	100
2	80	50
3	70	34
4	60	25
5-9	50	20
10 or more	40	10

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24.a. Transportation. (continued)

Payment for **air ambulance transportation** is consistent with the level of medically necessary services provided during the recipient's transportation and is the lower of:

- (1) submitted charge; or
- (2) the 50th percentile of Medicare's prevailing charge for 1982, plus a 10.725% increase over the base rate.

Effective July 1, 1999 this rate is increased 5%.

Payment for air ambulance transportation of a recipient not having a life threatening condition is at the level of medically necessary services which would have been otherwise provided to the recipient at rates specified for other transportation services, above.

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24.b. Services of ~~Christian Science~~ nurses in religious
nonmedical health care institutions.

Not provided.

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24.c. Care and services provided in ~~Christian Science sanatoria~~
religious nonmedical health care institutions.

See Attachment 4.19-D.

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24.d. Nursing facility services for patients under 21 years of age.

See Attachment 4.19-D.

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24.e. Emergency hospital services.

Emergency hospital services are paid using the same methodology as item 2.a., Outpatient hospital services.

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24.f. Personal care services prescribed in accordance with a plan of care and provided by a qualified person under supervision of a registered nurse.

Payment is the lower of:

- (1) submitted charge; or
- (2) as of ~~April~~ July 1, 1996 1997:

<u>X5643</u> Independent Personal Care Assistant	\$1.88/unit <u>\$1.97/unit</u>
<u>X5644</u> R.N. Supervision of Independent PCA	\$3.87/unit <u>\$4.06/unit</u>
<u>X5645</u> Personal Care by an Agency	\$2.94/unit <u>\$3.09/unit</u>
<u>X4037</u> R.N. Supervision of Personal Care by an Agency	\$5.19/unit <u>\$5.45/unit</u>

NOTE: 1 unit = 15 minutes

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25. Home and community care for functionally disabled elderly individuals.

● Not provided.